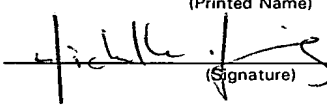


Atty. Dkt. No. 029815-0101

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Patrick J. Sweeney  
Title: SPINAL DISC PROSTHESIS  
SYSTEM  
Appl. No.: 10/619,757  
Filing Date: 07/15/2003  
Examiner: Unknown  
Art Unit: 3738

<b>CERTIFICATE OF MAILING</b> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450, on the date below.  Michelle Manning (Printed Name)   (Signature)  November 3, 2003 (Date of Deposit)
---

**TRANSMITTAL OF MISSING PARTS  
OF PATENT APPLICATION**

Mail Stop Missing Parts  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

In response to the Notice to File Missing Parts of Application mailed on 9/8/03, in the above-identified application, transmitted herewith are the missing parts needed to complete the filing of the subject patent application.

Enclosed are:

- [ X ] Declaration and Power of Attorney (3 pages)
- [ X ] Return Copy of Notice to File Missing Parts
- [ X ] Information Disclosure Statement, Form PTO-1449, and copies of foreign patents and non-patent documents.

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$770.00		\$770.00
Total	27	-	20	=	7	x	\$18.00	=	\$126.00
Claims:									

Independents:	5	-	3	=	2	x	\$86.00	=	\$172.00
If any Multiple Dependent Claim(s) present:						+	\$290.00	=	\$0.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed Declaration and late payment of filing fee						+	\$130.00	=	\$130.00
							SUBTOTAL:	=	\$1,198.00
[ X ] Small Entity Fees Apply (subtract ½ of above):								=	\$599.00
							TOTAL FILING FEE:	=	\$599.00
							TOTAL FEE	=	\$599.00
Difference to pay:						-	\$0.00	-	\$599.00

[ X ] Check in the amount of \$599.00 in payment of surcharge fee (37 C.F.R. § 1.16(e))

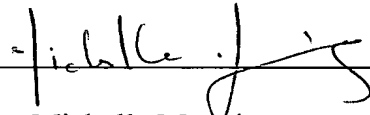
[ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-2350. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-2350.

Respectfully submitted,

Date November 3, 2003

FOLEY & LARDNER  
Customer Number: 23524  
Telephone: (608) 258-4305  
Facsimile: (608) 258-4258

By



Michelle Manning  
Attorney for Applicant  
Registration No. 50,592